

SHARE

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

1433

VENDOR #

DATE 11/15/2012

Payee

\$ 705.00



Fund / Agency

000 66500

Document Number

AP 00315022

B4R

COD3

B4RCOD3

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsofDate 11/06/2012

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line	Line#		Description			WithHold	Year	Month			
00315022	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001		2013	11	0000095399 McGrath, B. 10.2	705.00
Total For Voucher												705.00

RECEIVED
2012 NOV -7 AM 10:43
DFA
FINANCIAL CONTROL

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE

1

DATE

11/3/12

AGENCY

VOUCHER NUMBER

CODE

66500

00315022

NAME Brad McGrath		CAR LICENSE NUMBER 001947SG		POST OF DUTY Roswell		PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>	
VENDOR NUMBER		MODEL Nissan		RESIDENCE Roswell		ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>	
REG. WORK DAY 8:00 AM THRU 5:00 PM		YEAR 2011					

DATE	TIME: SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION	ODOMETER/MAP MILES		AMOUNTS				
	DEPARTURE	ARRIVAL		ENTER START & FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	AMOUNTS	
10/29/2012 ✓	7:00am		Depart Roswell to Santa Fe to meet with Governor's office and DOH staff. Overnight, Santa Fe rates apply* Overnight, Santa Fe rates apply* Overnight, Santa Fe rates apply* Overnight, Santa Fe rates apply* Overnight, Santa Fe rates apply* Overnight, Santa Fe rates apply* Depart Santa Fe to Roswell, partial day per diem-12.0 hrs	state Vehicle	0	0.00			0.00	
10/30/2012 ✓					0.00		0.00			0.00
10/31/2012 ✓					0.00		\$ 135.00			135.00
11/1/2012 ✓					0.00		\$ 135.00			135.00
11/2/2012 ✓					0.00		\$ 135.00			135.00
11/3/2012		7:00pm			0.00		\$ 135.00			135.00
					0.00		\$ 30.00			30.00
					0.00					0.00
					0.00					0.00
					0.00					0.00
					0.00					0.00
					0.00					0.00
					0.00					0.00
					0.00					0.00
					0.00					0.00
					0.00					0.00
Per Diem is Based on (Check One)					TOTALS	0	0.00	705.00	0.00	705.00
ACTUAL EXPENSES <input type="checkbox"/>				ADVANCE AMOUNTS						
APPROVED RATES <input checked="" type="checkbox"/>				80%						
Employee Signature _____				ADJUSTED						
Date _____				REIMBURSEMENT						
<input checked="" type="checkbox"/> Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.				I, <u>Brad McGrath</u> (TYPE PAYEE NAME) I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT.						
I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL SECTION 10-8-5 (I), NMSA 1978 <u>11-6-12</u>				PAYEE SIGN HERE: <u>[Signature]</u> DATE: <u>10/30/12</u>						
Signature (DOH-General Accounting Use Only) _____ Date _____ Signature required on overnight lodging exceeding \$215.00 per night: _____										

27:54:57:5 NOV

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Business Unit: 66500

Voucher ID: 00315022

Voucher Style: Regular

Invoice Number: McGrath, B. 10.29-11.3.12

Invoice Date: 11/05/2012

Total: 705.00

Vendor: MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE, NM 87502

*Pay Terms:

Pay Now ☐[Schedule Payments](#)

Saved

Payment Information


Find | View All First 1 of 1 Last

Scheduled Payment: 1

*Remit to:

Location:

001 

*Address:

1 

MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N-3059
SANTA FE, NM 87502

Gross Amount:

705.00 USD


Discount:

0.00 USD

☐ Discount Denied

Late Charge

Scheduled Due:

11/05/2012 

Net Due:

11/05/2012

Discount Due:

Accounting Date:

Payment Method

*Bank:

WFB10

Pay Group:

*Account:

B

*Handling:

RE

*Method:

CHK

Check


*Netting:

N 

Message:

[Messages](#)

Message will appear on remittance advice.

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Business Unit: 66500

Invoice Number: McGrath, B. 10.29-11.3.12

Voucher ID: 00315022

Invoice Date: 11/05/2012

Voucher Style: Regular

Total: 705.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross ☐

Match Action

*Status:

Ready ☐☐ Pay UnMatched Voucher

Transaction Currency

*Source:

Tables ☐

*Currency:

USD 

Rate Type:

CRRNT 

Exchange Rate:


1.00000000

Voucher Approval

*Approval:

Specify at this Level ☐

Business Process:

PROCESS_VOUCHERS 

Approval Rule Set:

Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur: ☐

SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

